



2015

Porter General Orientation Information for Students, Vendors, and Others

WELCOME

Welcome to Porter Regional Hospital! In keeping with our Mission, Vision and our cultural handbook, we are committed to providing students with a positive clinical or observational experience. This handout contains important information for the clinical/observational experience.

Porter Health Care System includes two hospital campuses (Porter Regional Hospital and Portage Hospital) and seven outpatient facilities serving Porter, Lake, LaPorte, Starke, Newton, Marshall and Jasper counties. With more than 350 physicians representing 50 medical specialties, Porter Health Care System is committed to medical excellence and patient-centered care. Porter's inpatient and ambulatory programs are accredited by the Joint Commission and its award-winning centers of excellence continue to receive national recognition by leading independent health care reporting agencies.

Porter Mission/Vision

Porter, the trusted source for improving health, will be sought out for its personalized healthcare experience.

Six Strategic Goals to Achieve our Mission/Vision

People – Attract/retain highest performing associates

Quality/Safety – Demonstrate safe, award-winning clinical performance

Service – Deliver personalized service experiences; Be the preferred partner for physicians, clinicians

Growth – Be a regional referral system

Finance – Improve financial responsibility to allow for continued reinvestment

Service Excellence Standards of Performance

It is our belief that customer service excellence differentiates us from other facilities as we are always striving to provide outstanding customer service. As a clinical student in a Porter facility, **you are expected to follow these standards indicated below:**

Attitude

It all begins with a positive attitude about the customers we serve. Our goal is to

exceed our customers' expectations. We are committed to providing the highest quality of service and meeting our customers' needs with the utmost kindness, care, compassion, courtesy, empathy, respect and friendliness. Ending each conversation with, "Is there anything else I can do for you?" **Smiling and saying "Hi" to everyone you meet or pass in the hallways whether you know them or not.** Every conversation. Every time.

Appearance

We need to take pride in our personal appearance, our facility and its surroundings. "We take great pride in making sure that **our hospital is always kept clean.** If there is anything that needs improvement, please let us know."

Commitment to Co-Workers

We are linked to one another by a common purpose; serving our patients and our community. Your co-workers and our physicians and volunteers are our team members. They deserve our respect and support. One of our goals is to check on our patients every hour. We will take every opportunity to manage up ourselves, our co-workers, physicians and other departments.

Communication

The goal of communication is mutual understanding. All associates will use **AIDET** when communicating with our customers. **Rounding** is an expectation in all clinical areas. We must be committed to listening attentively to our customers in order to fully understand their needs. Close attention should be given to both verbal and non-verbal messages. We are committed to exceed our customers' expectations and provide more than what is expected. Remember, a key phrase, "How may I help you?"

Customer Waiting

Our customers' time is very valuable to them. From the moment they enter our hospital, we will provide them with prompt service. We will always keep them informed regarding the time in which service will be provided and make customers comfortable while they are waiting. **Rounding in all wait areas is a requirement.** Remember, a key phrase, "We apologize for your wait. Is there anything I can do to make your wait more comfortable?"

Privacy

We will always maintain customer privacy and confidentiality. **Every staff member has the responsibility to protect the privacy and confidentiality of every customer encountered.** We will treat patient information with confidentiality according to the HIPAA Privacy Rule. Remember this key phrase, "I am closing this door or pulling this curtain because I want to ensure your privacy."

Responsiveness

Every patient or family member who approaches a staff member should be acknowledged. We will respond in a way that demonstrates the care, courtesy, and respect our customers deserve. Remember this key phrase, "I will be back to check on you in an hour. Is there anything you need before I leave?"

Safety Awareness

All employees have the responsibility to ensure an accident-free environment.

“For your safety, I want to check your armband.”

Service Recovery

If customers complain, do not be defensive; their perceptions are their realities. To reverse a potentially negative situation use ACT:

Apologize: Acknowledge and apologize with no excuses; listed to the complaint; thank the customer. Summarize what you heard to confirm your understanding. By apologizing, we are telling the patient/customer that we are going to take care of the situation. “I’m sorry we didn’t meet your expectations of very satisfied care.”

Correct: Correct the issue or make it right. Offer suggestions for resolution; ask whether those suggestions will meet their expectations. Take action to resolve the problem; ask others if necessary. Inform the patient/customer of your action.

Thank: Thank the customer for bringing this to your attention. Always end with, “Is there anything else I can do for you?” Ex.: “I am sorry. Clearly we did not meet your expectations. I appreciate you bringing this to my attention. I will share this information with the department supervisor. What can I do to help?”

All areas that service customers have access to a service recovery kit. When an item is given out, it must be tracked on the area’s tracking sheet.

Sense of Ownership

Every staff member must feel a sense of ownership toward his or her job. We will take pride in what we do and how we do our job. We will feel responsible and be in control of the job that needs to be done including fiscal responsibility. Remember, “I am a team player and accountable for my actions.”

Community Health Systems (CHS)
General Compliance Training & the Code of Conduct

The CHS General Compliance Program

- The Code of Conduct
- Corporate Compliance Officer
- Written Policies and Procedures
- Training and Education
- Auditing and Monitoring
- Confidential Disclosure Program
- Periodic Reports to the CHS Board of Directors

What is the Code of Conduct?

- The Code of Conduct (the “Code”) was designed by CHS professional staff to provide all CHS employees and affiliates with guidance to perform their daily

activities in accordance with all rules, regulations, and laws, which include federal, state, and local.

- The Code is an integral part of the CHS Compliance Program; it reflects our commitment to achieve our goals within the framework of the law through a high standard of business ethics and compliance.
- The Code is a collection of policy statements. Most sections of the Code of Conduct refer to a broader policy covered in various department policy manuals. These policies are referenced within the body of the Code of Conduct.
- Every CHS colleague is required to comply with the Code of Conduct.
- Each individual is expected to perform his/her daily activities with the highest ethical standards and in compliance with laws.
- All CHS colleagues are required to notify the Facility Compliance Officer, the Corporate Compliance Office, or the Confidential Disclosure Program Hotline of any suspected or known violations of law, the Code of Conduct, or Compliance Policy.

Example Topics in the Code of Conduct

- Patient Privacy
- Confidential Information
- Identity Theft Prevention Program
- Coding and Billing
- Financial Reporting

HIPAA (Health Information Portability and Accountability Act of 1996)

- ***CHS CONSIDERS PATIENT INFORMATION HIGHLY CONFIDENTIAL***
- When a patient enters a CHS Facility, a large amount of personal, medical, and insurance data is collected and used to satisfy varying information needs, including the ability to make decisions about a patient's care.
- CHS colleagues must never disclose or release patient information in a manner that violates the privacy rights of a patient. Patient information may only be discussed or released in accordance with release of information laws that normally require the express written authorization of the patient. CHS colleagues should not have access to or use any patient information unless it is necessary to perform his/her job.
- Instructors/students are required to adhere to all Porter policies, state laws and regulations, and federal laws and regulations regarding patient/family confidentiality/privacy during clinical and observational experiences at Porter and

all of its campuses.

- Porter's motto for privacy is, "What we see, hear and do at Porter, stays at Porter." This prohibits discussing anything observed or heard during patient care with others, including family and friends. All patient names are confidential.
- Instructors/students must maintain as strictly confidential ALL patient/family information to which they are exposed, and furthermore respect the confidentiality of ALL patient/family identities. Patient names are confidential and cannot be shared with anyone outside of Porter who is not involved in their care. Remember to be cautious to not share who you saw at Porter.
- ALL patient information and ALL information on patient/family identities is given and/or received on a need to know basis **ONLY**.
 - Students not performing patient care do not have the right to view any part of the patient record.
- Patient charts are confidential records and students **must not photo copy them in part or in entirety at any time for any reason.**
- Students may write down information from the chart in order to prepare for clinical or for a care plan, but should never use any identifying information regarding any particular patient (use first **or** last initial only, **not both**) and should place any copies or extra documents with patient information in a HIPAA bin when use is complete.
- Students must not bring friends, significant others, children, or any other relatives to Porter clinical and patient care areas when preparing or at Porter for actual clinical experiences. All family and friends of the student must remain in public waiting areas.
- Instructors/students must conduct pre-conference and post-conference in an assigned conference room/classroom behind closed doors.
- Violation of Porter's confidentiality policy may result in suspension or termination of the clinical/observational experience.
- Under recent changes in the law, state and federal authorities may now hold **workforce members individually** responsible for their actions. Consequences include: Fines ranging from \$50,000 per violation to as much as \$250,000; Criminal prosecution and up to 10 years in jail may occur depending on the type of violation; and Civil suits by state's Attorney General against the facility.
- Workforce members are defined as anyone as acting agent of the facility. All instructors and students are considered workforce members.

Other Compliance Matters

- Inside information is confidential, non-public information. This includes acquisition plans, financial data, marketing plans, or other business material that an employee may become aware of in the normal course of business. Use of this information for personal gain is strictly prohibited.
- All students with work/study hours at Porter planned to exceed 160 hours in 12 months will be required to register and complete Code of Conduct, General Compliance, and Clinical Documentation lessons through our Advanced Learning Center.
- In case of termination, you may not take, retain, copy, or direct any other person to take, retain, or copy any documents or confidential information of any kind belonging to the Company without prior written permission.
- Disposal or destruction of CHS records and files is not discretionary with any of us, including the originator of the record. Legal and regulatory guidelines require retention of various types of records. Each facility has policies governing accuracy, retention, and disposal of documents and records.
- Report possible incidents of non-compliance with the law and government requirements to the Associate's manager, the System's Organization Compliance Office, or through any other reporting mechanism.

Electronic Media (Code of Conduct book page 15)

- Instructors/students do not have permission to access the internet at Porter or any of its facilities while here in an instructor/student capacity.
- Instructors/students performing patient care during a clinical experience may use Porter computers for documentation and patient care information purposes only.
 - Porter-Information Services (P-IS) issues a temporary Single Sign-On Badge that allows access to Porter computers for patient information and documentation.
 - Instructors/students are accountable for their own User ID and Password.
 - NEVER disclose a User ID and/or Password.
 - Porter-Information Services (P-IS) changes a compromised User ID or Password immediately
 - The Single Sign-On Instructor or Practicum Student Badges are deactivated at the end of each semester.
 - Single Sign-On Instructor or Practicum Student Badges must be reissued each semester.
- Personal laptops, cell phones, or other personal electronic devices should not be used for storing or transmitting protected health information.

- Social networking, texting, and taking pictures of patients in order to discuss or share patient information is not allowed.
- Instructors/students having observational clinical experiences only, have absolutely no need to access a computer or view a computer screen while at Porter for their experiences.
- Misuse of privileges in violation of Porter's Policies and Procedures, applicable laws, and/or regulations may result in disciplinary action up to and including civil or criminal penalties.

CHS has established a Confidential Disclosure Program Hotline for all colleagues to report known or suspected violations of the Code of Conduct, written policy, or any federal, state, or local laws, rules and regulations.

This program may also be used for individuals who are uncertain whether an action is a violation and would like to communicate with the Compliance Officer on a confidential basis.

Confidential Disclosure Program Hotline: 800-495-9510

Porter's Facility Compliance & Privacy Officer – **Loree Hanas 219-983-8584**

Identity Theft Prevention Program

Identity theft occurs when someone uses a person's name and sometimes other parts of their identity such as insurance information – without the person's knowledge or consent to obtain medical services or goods. This includes the use of the person's identity information to make false claims for medical services or goods.

CHS takes Medical Identity Theft seriously. In addition to causing financial problems, identity theft can lead to inappropriate medical care when incorrect information is included in a patient's medical record. CHS employees will take necessary steps to detect, prevent, or mitigate the misuse of a patient's identity to commit identity theft.

Some examples of Identity theft indicators:

- Patients provide a photo ID that does not match the patient.
- Patient's name does not match the registration forms they signed.
- Documents, identification card, insurance card, etc. appears to be forged or altered.
- Individual receives a bill and says that he or she did not receive services at the facility and it is identified that this is likely true.
- The patient or the patient's representative admits during the visit that someone else's identity is being used.
- Anyone who states that they have information regarding a potential misuse of someone's identity.

Should you identify or be confronted with an identity theft situation please contact your immediate supervisor or your facility Compliance Officer.

An Identity Theft Prevention Program policy is available in the Compliance Manual on the CHS intranet. If you do not have access to Porter's computers, you may

contact Human Resources at extension 8580.

Harassment, Disruptive and Intimidating Behavior

Porter is committed to providing all employees, physicians, patients, students, and visitors an environment free of harassment, discrimination, or disruptive and intimidating behavior. This can exist only when there is an atmosphere of mutual respect. Unlawful harassment and disruptive and intimidating behavior in any form will not be tolerated.

Harassment is defined as: ethnic or racial slurs, verbal or physical conduct relating to race, religion creed, color, national origin, ancestry, physical or mental disability, medical condition, marital status, sex, sexual orientation, and/or age constitutes harassment when they unreasonably interfere with a person's work performance or create an intimidating work environment.

Sexual Harassment is generally defined as unwelcome or unwanted sexual advances; requests for sexual favors; other visual, verbal, or physical conduct of a sexual nature. This may include vulgar language, sexual gestures, physical assaults, sexual advances, displaying sexually oriented materials and unwanted sexual jokes or innuendos.

Disruptive and intimidating behavior may include but not limited to: profane or disrespectful language, demeaning behavior, such as name-calling, inappropriate touching, racial or ethnic jokes, outburst of anger, throwing instruments, charts, or other objects, criticizing other caregivers in front of patients or other staff, comments that undermine a patient's trust or self-confidence in other caregivers or the hospital, and/or failure to safety concerns or patient care needs expressed by another caregiver.

Also included in disruptive and intimidating behavior is deliberate failure to adhere to organizational policies, retaliation against any member of the healthcare team who has reported a violation, gossip, inappropriate responses, language, or behaviors, rudeness, any violation of the code of conduct, refusing to perform tasks, and uncooperative behaviors.

Reporting Harassment, Disruptive and Intimidating Behavior

Anyone who experiences or witnesses harassment or intimidating or disruptive behavior should promptly report the incident to his/her instructor, department supervisor or director, administration or the human resources department.

Impaired Healthcare Provider

- This information provides awareness, recognition, and reporting of healthcare provider impairment issues in order to protect patients.
 - Facilitates confidential review of suspected incidents.
 - Allows for treatment for impairment as appropriate.
 - Keeps the Impaired healthcare Provider process separate from other

disciplinary functions, as appropriate under the circumstances.

- Porter defines an impaired healthcare provider as *“an Associate or Physician who is unable to provide care with reasonable skill and safety to patients because of a physical or mental illness, including deterioration through the aging process or loss of motor skill, or excessive use or abuse of drugs, including alcohol.”*
- Porter strictly forbids the unauthorized use, possession, consumption, distribution (for sale or otherwise) of alcohol, controlled substances or drugs by any associate, physician, or other healthcare provider which may impair work performance at any time during work hours, or anytime on Porter premises (including parking areas) or any time while an associate, physician, or other healthcare provider is on Porter business off Porter premises.
- When there is reasonable suspicion to believe an associate, physician, or other healthcare provider is impaired at work it must be reported.
 - Students should notify their Clinical Instructor.
 - The Instructor and Student should notify the Department Director or House Supervisor.
 - The Director or Supervisor will assist the instructor/student in completing a written report and following the necessary policies and procedures.

Regulatory Compliance

Porter is licensed by the State of Indiana to operate an acute health care facility and therefore must comply with the regulations of the State of Indiana. The Hospital is also voluntarily accredited by the Joint Commission. This process requires the hospital to meet their standards as well.

2015 Joint Commission National Patient Safety Goals

The goal of the Joint Commission’s National Patient Safety Goals is to promote specific improvements in patient safety. They are system-wide problematic areas in health care that have been identified and evidence-based solutions to these problems are provided.

Goal #1 Improve the accuracy of patient identification.

- Use at least two (2) patient identifiers. Porter Associates check and compare the ***Patient’s Name*** and ***Birth date*** prior to a procedure or initiating treatment.
- Eliminate transfusion errors by using correct patient identification procedure.

Goal #2 Improve the effectiveness of communication among caregivers.

- Timely reporting of critical tests and critical results and values to the physician (within one hour). Document time of notification.

- A “report” or “hand-off” will occur between caregivers prior to or during their transfer of care. Porter uses the SBAR format for communication.
- Each patient being transferred to another unit without their primary caregiver must have a completed “Ticket to Ride” form that gives basic information about the patient (such as when going to XRay). This form will accompany the patient to their new location and must be given to the nurse or aide at the patient’s destination.

Goal #3 Improve the safety of using medications.

- Label all medications, medication containers or other solutions on and off the sterile field any time it is removed from its original container.
- Take the extra time and care for patients who use blood thinning medications.
- Reducing harm from anticoagulation therapy by:
 - Individualized anticoagulant management program
 - Protocols for initiation and maintenance of anticoagulation therapy
 - Baseline and ongoing lab tests for anticoagulant therapy patients
 - Appropriate dietary intervention
 - IV heparin only given with programmable infusion pumps
 - Only use unit dose oral products and premixed infusions when available

Goal #6 Reduce Harm associated with clinical alarm systems

- Utilize best practices and guidelines for alarm safety
- Establishment of policies and procedures to manage alarm parameter settings
- Education to all practitioners who care for patients utilizing alarmed systems

Goal #7 Reduce the risk of healthcare-associated infections.

NPSG.07.01.01

- Porter complies with the current Centers for Disease Control and Prevention (CDC) hand hygiene guidelines.

NPSG.07.03.01

- Porter uses evidence-based practices to prevent healthcare-associated infections due to multidrug-resistant organisms such as methicillin-resistant staphylococcus aureus (MRSA), clostridium difficile (CDI), vancomycin-resistant enterococci (VRE), and multidrug-resistant gram-negative bacteria and implements a surveillance program based on Porter’s annual risk assessment.

NPSG.07.04.01

- Implement evidence-based practices to prevent central line-associated bloodstream infections. This requirement covers short-and long-term central venous catheters and peripherally inserted central catheter (PICC) lines. Porter uses a standardized process for line insertions and has routine line-dressing change requirements.

NPSG.07.05.01

- Implement evidence-based practices for preventing surgical site infections.

NPSG.07.06.01

- Implement evidence-based practices for preventing urinary tract infections caused by catheters.

Goal #15 The organization identifies safety risks inherent in its patient population

- Identify individuals at risk for suicide. All patients are assessed by the admitting nurse for the need for suicide/depression screening with a primary behavioral diagnosis or patient disclosure of intent to harm themselves.
- Porter policy CM3:02 contains the suicide precautions
- Porter contracts with Porter Starke Services Crisis team for psychiatric consultation available 24/7.

Universal Protocol for preventing wrong site, wrong procedure, and wrong person surgery

- Conducting a pre-procedure verification process
- Marking the procedure site
- Performing a time-out

More information can be found at www.jointcommission.org

Reduce the risk of patient harm resulting from falls.

- Porter uses the Morse Fall Scale for assessment and a Falling Star Program that identifies high fall risk patients with a falling star on their door, green patient gown, green non-skid footwear, and a green armband.
- All other patients are considered standard fall risks and have appropriate risk reduction strategies in place on the units, such as non-skid socks and personal items kept within reach.
- The staff, patient, and family are educated on the fall reduction program.
- Patients are encouraged to “Call, Not Fall” – ask for assistance before getting out of bed.
- A Post-Fall Huddle is performed on most units, which involves both clinical and non-clinical staff that care for the patient and/or witness the fall, to determine the cause of the fall and implement patient-specific interventions to prevent further falls.

Patient Risks**Risks within the healthcare environment**

Safety risks present themselves to patients, visitors, associates, students, vendors, and others:

- General safety risks include:
 - Slipping
 - Falling
 - Tripping
- Exposure risks to:
 - Sharps

- Pathogens
- Chemicals
- Radiation
- Drugs
- Back injury risks
- Lifting injury risks

Actions to eliminate, minimize or report risks

- Remember safety in the workplace is everyone's responsibility.
- Put items away in proper locations after use.
- Follow all safety policies and procedures.
- Report potentially unsafe conditions.
- Advise the supervisor of all incidents and safety concerns.
- Provide safety checks of all facilities at a minimum bi-annually.
- Perform scheduled preventive maintenance on medical equipment and devices.
- Perform annual and monthly checks of fire extinguishers.
- Provide mock codes and drills.
- Periodically review safety plan and policies.
- Comprehensive risk assessments.

Procedures to follow in the event of an incident

- Take immediate health and safety measures for yourself and the patient.
- Obtain appropriate medical care/treatment.
- Notify your supervisor/instructor immediately.
- Report significant events to the Risk Management Department.

Reporting process for common problems, failures and user errors

- Call "*Safety Action Hotline*" – "4444" and is programmed to ring on the "81" emergency line.
- Notify your supervisor/instructor immediately.

General Risk Management Principles

- Communication, Documentation, Chain of Command, Education, and Policy and Procedures

Ethical Aspects of Care and Issues

Ethical Responsibilities

- Address increasingly brought forth ethical issues regarding all health care treatment options with physicians, nurses, and other healthcare providers, patients, and families to ensure that patients receive the medical care with which they are most comfortable.
- Resolving ethical concerns within Porter is a primary concern of our Physicians and Associates. To this end, Porter has a process in place to address Ethical Issues as they arise.

The objectives of this process are twofold:

- a.) Advisement regarding policy and procedures.
- b.) Clinical consultation and collaboration for the purpose of resolving ethical concerns in the care of patients.

This process shall be advisory only and not responsible for decision-making about administrative policies or clinical issues. It may serve to inform and/or to advise the ethical components of specific clinical situations. This process is advisory only.

In reference to Policies and Procedures Guidelines, this process is to advise in the development of policies and procedures related to ethical questions by administrative and professional staff in keeping with the stated purposes and philosophy of Porter.

In reference to Clinical Consultation, this process is to provide consulting services in regard to ethical dilemmas or conflicts arising in the hospital and relating to patient care as requested by physicians, nurses, other healthcare professionals, patients, or family members. It also provides a forum for all parties concerned to collaboratively discuss their issues.

Ethical issues will be addressed according to the following:

A. Implementing the Process

1. Call for an ethic consult are directed to the Porter switchboard.
2. The hospital Director of Pastoral Services or Patient Advocate is paged in response to the request to facilitate the consultation as needed.
3. The facilitator assesses the request and convenes a team of members for consultation as needed.
4. Once the team is convened, the facilitator will share information on the request.
5. The Team Members then:
 - a. Use the Clinical Ethics Model in the discussion process. (See Appendix A)
 - b. Meet with the person(s) requesting the services of the committee
 - c. Meet with other parties involved.
 - d. Bring all parties involved together for discussion as needed.
 - e. Offer information and support to the person(s) submitting the request.
 - f. A plan of action/response by the Team to the Person(s) making the request will be provided following the consultation.
 - g. Minutes of the consultation are marked private and confidential and maintained by the Director of Pastoral Services.

Confidentiality will be maintained with all consultations.

Patient Rights – include but not limited to:

- Know the risks, benefits, and alternatives to proposed treatments or procedures

- Information about the physicians or other clinicians that will be providing the patient's care or treatment
- Receive information in easy to understand terms that will allow for an informed consent or refusal of the treatment or procedures
- Privacy regarding their medical care
- Participate in the plan of care
- Formulate advanced directives and to have staff and practitioners comply with those directives.
- Reasonable responses to reasonable requests for service
- Leave the hospital against the advice of the physician
- Examine and receive an explanation of the bill for services regardless of the source of payment
- Select providers of goods and services after discharge
- Receive a Notice of Privacy Practices
- Request privacy protection in the form of restricted access to, and receipt of confidential communications regarding protected health information
- Access protected health information
- Amend protected health information
- Request an accounting of disclosures of protected health information

All patients' rights also apply to persons who may have legal guardianship or responsibility for healthcare decisions on behalf of the patient.

Needs of the Dying Patient

- Healthcare providers must understand the needs of the dying patient, family, friends, and caregivers.
 - Evaluate and initiate interventions that address comfort, dignity, psychosocial, emotional, and spiritual needs regarding death and grief as appropriate.
 - A multidisciplinary team approach that provides such care may include but is not limited to nursing, physicians, and chaplain.
- The healthcare team has the responsibility to prepare the family and caregivers for what to expect.
 - Inform families of changes the patient may display such as irregular breathing, cool extremities, confusion, purplish skin color, or somnolence in the last hours.
 - It is beneficial to provide a peaceful, quiet, and physically comfortable atmosphere.
 - Encourage physical contact with the patient and provide spiritual, cultural, ethnic, or personal rites of passage.
- To reduce the family's anxiety and uncertainty, facilitate the determination of

death as quickly as possible once it occurs.

- Provide the family with a comfortable environment and adequate time to grieve together.
- Give consideration and respect to cultural behaviors at the time of death.
- Provide family members with references for further support at this time to help deal with their grief.

Teambuilding

What is a Team?

- A team is a group of people working together to accomplish a common goal.
- If one member of the team does not do his assignment, the outcome can directly affect the performance of other members. (*Surgical Team*)

A success of teambuilding effort accomplishes...

- Surgical procedures.
- Increased patient safety.
- An effective environment of care.
- Improved staffing relationships.

The ways Porter uses teams:

- Quality Improvement
- Emergency Preparedness Committee
- Safety Committee
- Employer of Choice Committee
- Rewards and Recognition Committee
- Measurement Committee
- Standards/Communication Committee
- Physician Satisfaction Committee

- Patient Care Teams
 - Nursing Leadership Group
 - Physician Leadership Group
 - Shared Governance
 - Service Recovery Committee

Cultural Diversity

What is "culture?"

- Shared values, beliefs, and practices.
- Affect how a patient views health care.
- A patient may belong to different ethnic, regional, religious, and other groups.

Being aware of culture competencies:

- Helps patients receive more effective care
- Helps Porter meet Joint Commission standards

- Improves YOUR job performance

Guidelines for Developing Cultural Sensitivity

- Review your own belief systems.
- Consider how your own culture influences your behavior.
- Always view patients as individuals within a culture.
- Recognize that patients are a combination of heritage, culture, and community.
- Understand that culture influences how people behave and interact with others.
- Remember personal space needs, eye contact, and ways of communicating are often culturally related.
- If you do not know, ask if there are special ways to deal with a patient of a different cultural background.
- Care for religious articles with respect.
- Provide privacy when a spiritual advisor is visiting the patient or if the patient is practicing a devotional act.
- Try to learn about the practices, beliefs, and cultural heritage of people who are most likely to be your patients. The library and the Internet are good resources.
- Ask patients politely and sincerely about practices that are unfamiliar to you.

Abuse or Neglect of a Patient

- By state law, it is mandatory to report all suspected cases of abuse or neglect.
- The following is a list of the types of abuse/neglect that can occur to a child, adult, or endangered adult (disabled, elder).
 - Physical Abuse/Assault.
 - Neglect.
 - Domestic Violence.
 - Exploitation of the Elderly.
 - Emotional Abuse.
 - Sexual Abuse/Rape/Molestation
- If you suspect a patient is being abused or neglected, inform the supervisor of the area in which you are assigned.

Performance Improvement Statement

The Porter Performance Improvement Model is IDEA cycle.

I = Identify Opportunities to Improve

D = Determine Root Causes

E = Explore Alternatives

A = Activate the improvements

- Porter monitors, evaluates, and improves performance of the organization's systems and processes continuously through teams, committees, task forces, utilizing CQI principles, etc.
- Porter evaluates clinical and administrative services by monitoring, evaluating, and improving process and outcome measures using a collaborative, multi-disciplinary approach.

Health Status Requirements

All individuals attending a clinical/observational experience must be free from any type of contagious illnesses or conditions including:

- Chicken Pox (Varicella)
- Conjunctivitis
- Diarrhea
- Group A Streptococcal
- Hepatitis A
- Herpes Simplex
- Herpes Zoster (Shingles)
- Measles (Rubella & Rubeola)
- Mumps
- Pertussis (Whooping Cough)
- Staphylococcus Aureus (Draining wound)
- Tuberculosis
- Upper Respiratory Infections
- Do not come to a clinical/observational experience if you have a fever or any contagious illness.
- Do not come to a clinical/observational experience if you have recently traveled to an area with an endemic contagious disease.
- Do not come to a clinical/observational experience if you were recently exposed to a serious infectious disease.

For further detail, refer to Associate Health Policy # 9510:05.05 Work Restrictions for Associates with Infectious Conditions and Exposures

Health-Related Tests

- Instructors, students, vendors, and others **are required** to show proof of a current:
 - Tuberculosis (TB) Mantoux Skin Test or Chest X-Ray.
 - Two shot series or a positive titer/immunity for MMR(measles, mumps, rubella) and Varicella (chickenpox)
 - Proof of receiving the Tdap vaccine
 - Completed Hepatitis B Vaccine series, having begun series, or documentation of informed refusal of the vaccine.
- Requirements for these tests are based on the OSHA Categories that define the risk of exposure to potentially infectious equipment and/or materials. **Potentially infectious equipment and/or materials** is defined as the following: broken skin, mucous membranes, blood, other potentially infectious body fluids, secretions, or excretions.
 - Category 1 - Individuals who perform or assist with patient care have the greatest risk of exposure to **potentially infectious equipment and/or materials**.
 - Category 2 - Individuals who observe in patient care areas or in areas where bloodborne pathogens are handled that have a greater risk of exposure than category 3, but less than category 1 to **potentially infectious equipment and/or materials**.

- Category 3 - Individuals whose clinical experiences are in non-patient care areas or areas without risk of exposure to **potentially infectious equipment and/or materials**.

Identification Badges

- Porter requires all individuals to wear photo identification badges while participating in Porter clinical experiences.
- The face of the badge must:
 - Have the individual's picture.
 - Have the individual's full name.
 - Have the individual's educational facility name.
 - Identify the wearer as "faculty" or "student".
 - The official identification badge endorsed by the individual's educational facility will be acceptable if it meets the criteria described above.
 - In other words, students must wear their school ID badges.
 - The badge must be attached to the uniform or clothing by clip, pin, or badge holder.
- Wear the identification badge on the left side of the clinical uniform, between the collar area and the chest area, at all times during clinical experiences.
- Individuals must report to the department director or charge person to establish their identity and purpose when they come to obtain patient information before a clinical experience.
 - Individuals may not enter the nurse's station, patient room, touch a patient chart, or talk to a patient/family member until their identity and purpose are confirmed.

Dress Code

The appearance of individuals at Porter for clinical experiences is extremely important. You are part of the image that Porter presents to patients, visitors, physicians, and the community. The standard is an appearance that is professional and customary for a healthcare setting. Direct any questions regarding appropriateness of dress to the Director of the area where the clinical/observational experience occurs.

- Students must wear the approved school uniform or appropriate attire while they are in a Porter facility as a student. Generally, the uniform endorsed by the individual's educational facility is acceptable as long as it meets the criteria below:

- Good hygiene is expected.
- Wear uniform/clothing that fits properly and modestly.
- Wear undergarments that are compatible with outerwear.
- Denim or denim-like material, sweat pant material, transparent material, and neon color material may not be worn.
- Tight legging pants, capri pants, shorts, and skorts are not appropriate.
- Shirts and sweaters must cover midriff.
- Sleeveless shirt or sweater must be worn with an over garment with sleeves.

For more information regarding personal appearance, please see the handout Policy B.9 – Personal Appearance that is in your folder.

Parking

- All individuals will obtain and display a Porter Parking Permit on any vehicle used for clinical/observational experience purposes and/or parked on Porter property.

Bring current driver's license and know the make and model of your vehicle to Cerner Computer Training Class.

If you do not have to attend the Cerner Computer Training Class, the sticker can be obtained from Human Resources.

- The sticker must be displayed on the rear window on the left side (driver's side)

Valparaiso Regional Hospital Campus

- The most accessible parking spaces to the facility are for patients, other customers, and visitors.
- Emergency and other service vehicles must have access to parking spaces as necessary to perform their duty.
- It is imperative that individuals follow the parking instructions given to them in the Porter General Orientation handout each semester.
 - Parking instructions may change from semester to semester, so do not assume that parking this semester is the same as last semester.
- Under no circumstances should individuals park in the spaces that are close to the front entrance. The closest parking spaces are reserved for Patients and Visitors.
- **Valet services are for our patients, family members, and visitors only.**
- **Instructors/students must park in the front lot, at the south end, in the**

spaces farthest away from the front entrance.

- **Instructors/Students may not park in spaces reserved for Handicapped or in any space that is restricted by signage i.e. Interfacility Parking.**
- Any instructor/student not following the proper parking arrangements may lose their privilege to attend clinicals at Porter.

Valparaiso Medical Outpatient Campus

Instructors/students may park in the parking lot north of the building in any parking spaces not reserved for Interfacility Parking, Patient, Visitor, or Handicapped.

Portage Hospital Campus

Instructors/students may park in the parking lot West (behind) of the hospital in any parking spaces not reserved for Interfacility Parking, Patient, Visitor, or Handicapped.

Education and Rehabilitation Campus

Instructors/students may park in any parking space not reserved for Physical Therapy Patients, Interfacility Parking, Patient, Visitor, or Handicapped.

Smoking

Porter is a tobacco/smoke free environment on all Porter owned or leased properties, including parking areas, effective June 1, 2010.

- This applies to all Porter associates as well as patients, medical staff, visitors, students, vendors, agency & volunteers.
- There is no smoking allowed in vehicles parked on Porter owned or leased properties.
- Any instructor/student not following the proper smoking arrangements may lose their privileges to attend clinical experiences at Porter.

Hospital Emergency Code System

- Codes are announced over the public address system. If a code is announced, contact the Department Director or Charge Nurse/Associate within the area where your clinical/observational experience is occurring for further instructions.
 - In the event of an actual emergency, your primary concern is for your **own personal safety**.

Porter Emergency Codes

Code Amber/Adam – Infant/Child abduction-age appropriate

Code Amber 2 Pediatrics means that a female age 2 is missing from Pediatrics

Code 10 – Respiratory, EKG, X-Ray or Lab for critical patients in ED

Code 33 – Emergency need for a physician

Code 99 – Cardiac/Pulmonary Arrest in specific department including surgery

Code 100 – Security emergency and CPI trained personnel

Code Red – Fire Alarm

Tornado Watch – Conditions favorable for formation of a tornado

Tornado Warning – Tornado sighted

Code White – Snow emergency

Code D – Disaster, Initiate emergency operations plans

Code Black – Weapon or threat of weapon use, do not enter area identified, stay

clear

Code LAKE – Lock All Known Exits, patients return to rooms, close doors, lock offices

- **CODE RED** alerts the entire building of a fire or activation of a fire alarm.
 - The **R.A.C.E.** procedure is part of Porter's fire plan. Use **R.A.C.E.** to remind you what to do when a CODE RED is announced.
 - **R** = **R**escue patients, visitors, students, associates, etc from immediate danger.
 - **A** = activate **A**larm.
 - **C** = **C**onfine the fire.
 - **E** = **E**vacuate building occupants as necessary, then if trained **E**xtinguish the fire.
 - NEVER consider a "Code Red" announcement a false alarm.
- **TORNADO WATCH** indicates weather conditions are favorable for the formation of tornadoes.
 - No actions to safeguard patients or visitors are necessary at this time.
 - Associates should be prepared to initiate Tornado Warning procedures, should it become necessary.
 - Instructors may consider sending students home early to avoid increasingly worsening weather.
- **TORNADO WARNING** indicates a tornado or funnel cloud has been sighted and the Porter Campus where the announcement is made is in its expected path. Immediate action is necessary in order to protect the building occupants.
 - Instructors/students should seek safety in the designated shelter area for the department they are in until the warning is lifted.
- **CODE WHITE** announces the implementation of the snow emergency plan when weather conditions undermine the ability of associates to report for work and preclude normal work schedules.
 - **Winter Storm Warning** indicates conditions exist for the possible accumulation of six (6) or more inches of snow.
 - **Blizzard Warning** indicates falling and blowing snow with winds in excess of 35 mph.
 - Instructors should consider sending students home before the worsening weather precludes.

- If during a clinical experience, a student suspects that a patient is in cardiac arrest, get help immediately and follow the instructions given to you to assist. All instructors/students performing patient care must hold a current American Heart Association Healthcare Provider CPR card (AHA requires renewal every two years).

Hazardous Material Safety



This symbol is a biohazard warning sign found on items contaminated or potentially contaminated with blood, other body fluids, secretions, or excretions. Use Standard and/or Transmission-Based precautions when handling items displaying this symbol.

Standard Precautions Information

Standard Precautions and Transmission-Based Precautions work together to prevent the spread of infection (germs) from patient to patient and patients to others.

- Standard Precautions are used for the care of all patients since it is not always possible to tell who is infected.
- Standard Precautions include wearing Personal Protective Equipment (PPE), using Work Practice Controls, and using Engineering Controls.
 - Personal Protective Equipment (PPE)
 - Gloves
 - Goggles
 - Mask
 - Shoe covering
 - Gown
 - Ask for assistance on choosing the correct type of PPE to wear.
 - Work Practice Controls
 - Preplanning work, employing good housekeeping, and using common sense to minimize exposure to hazardous materials. Work practice controls must be used regardless of the type of hazardous material handled.
 - Engineering Controls
 - Include enclosures, shields, local exhaust ventilation systems, and laboratory fume hoods. Except for substitution, these provide the most effective means of control because they enclose the hazard or separate it from the employee.
- Use Standard Precautions whenever there is a chance you will be exposed to broken skin; mucous membranes; blood and/or any other body fluids, secretions or excretions.

Handwashing

- There are two approved methods for hand hygiene at Porter Hospital facilities.
 - Hand washing with antimicrobial soap and water and the use of alcohol-based hand sanitizer.
 - Use antimicrobial soap and water:
 - when hands are visibly dirty, or soiled with blood or other body fluids, secretions, or excretions.
 - After contact with mucous membranes or nonintact skin.
 - After contact with contaminated items, equipment, or the patient's environment.
 - for all hand hygiene events involving patients with *Clostridium difficile* infection and the patient's room or care area.
 - Use either antimicrobial soap and water or alcohol-based hand sanitizer (60% to 95% alcohol based):
 - when hands or gloved hands are not visibly soiled.
 - whenever entering and exiting a patient room or care area.
 - Before and after direct contact with patients.
 - Before donning sterile gloves when inserting a central intravascular catheter.
 - Before inserting indwelling urinary catheters, peripheral vascular catheters, or other invasive devices that do not require a surgical procedure.
 - After contact with a patient's intact skin (e.g., when taking a pulse or blood pressure, and lifting a patient).
 - When moving from a contaminated body site to a clean body site during care for the same patient.
 - After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient room or care area.
 - After removing gloves.
- Alcohol Based Hand Antiseptic is conveniently located in every patient room and care area. To use, apply a nickel-sized amount of the antiseptic to the palm of one hand and rub over all surfaces of both hands until dry. Automatic dispensing alcohol-hand sanitizer is available in clinical areas also.

Gloves

- Wear gloves when touching blood, body fluids, secretions, excretions, mucous membranes, or non-intact skin.
- Wear gloves any time contact with blood or other potentially infectious body substances **is possible**.
- Always change gloves between tasks and procedures on the same patient.
- Always change gloves between patients.
- Remove gloves immediately after use.
- Remove gloves before touching non-contaminated items and surfaces.
- Remove before going to another patient.
- Always perform hand hygiene immediately after removal of gloves.

Gowns

- Gowns protect skin and prevent soiling of clothing during activities that are likely to generate splashes or sprays of blood, body fluids, secretions, or excretions.
- Wear a gown for direct patient contact if the patient has uncontained secretions or excretions.
- Wear a gown, that is appropriate to the task, to protect skin and prevent soiling or contamination of clothing during procedures and patient-care activities when contact with blood, body fluids, secretions, or excretions **is possible**.
- Remove the soiled gown as soon as possible before leaving the patient room or care area and follow with the proper hand hygiene.
- Do not reuse gowns, even for repeated contacts with the same patient.

Mouth, Nose, Eye Protection

- OSHA requires healthcare personnel to protect their eyes, nose, and mouth as one unit.
- Use PPE to protect the mucous membranes of the eyes, nose and mouth during procedures and patient-care activities that are likely to generate splashes or sprays of blood, body fluids, secretions and excretions.
- Select mask and goggles or mask with face shield, and combinations of each according to the need anticipated by the task performed.
- During aerosol-generating procedures (e.g., bronchoscopy, suctioning of the respiratory tract [if not using in-line suction catheters], endotracheal intubation) in patients who are **not** suspected of being infected with an agent for which respiratory protection is otherwise recommended (e.g., M. tuberculosis, SARS or hemorrhagic fever viruses), wear one of the following:
 - Face shield that fully covers the front and sides of the face, or
 - Mask with attached shield, or
 - Mask and goggles (in addition to gloves and gown).
 - Wear a mask, eye protection, and a face shield:
 - Whenever a patient is coughing without a known non-infectious cause.

LINEN

- Handle, transport, and process used linen in a manner which:
 - Prevents skin and mucous membrane exposures and contamination of clothing.
 - Wear gloves when handling soiled linen.
 - Wear a gown if linen is grossly soiled and/or wet and/or if there is potential for soiling your clothing.
 - When handling soiled linen keep arms fully extended and lean forward to avoid contaminating your clothes.
 - Avoid transfer of pathogens to other patients and/or the environment.
 - Place all used linen directly into the hospital approved leak proof plastic linen bags labeled with the biohazard symbol immediately after removing from patient, patient bed, or patient environment.
 - Keep the cover of linen containers closed when not inserting linen.

- Remove and replace linen bags when $\frac{3}{4}$ full.
- Secure full bags closed to prevent spillage.
- Transport bags of soiled linen in covered carts labeled with the biohazard symbol.
- All linen must be disposed of properly:
 - Blue bags are for soiled linen. **Absolutely no** linen should be placed in the trash bags or red biohazard bags.
 - Yellow bags are for clean, rejected linen.
 - Orange bags are for items that belong to Porter, such as restraints, slings, and maxi slides.
- Clean linen is stored in a manner that ensures the linen remains clean
 - Do not store or transport clean and soiled linen together.
 - Carts used to transport clean linen are cleaned with hospital-approved disinfectant prior to transporting clean linens.
 - When transporting clean linen, ensure that it is wrapped or covered.
 - Cover clean linen until distributed for patient use.
 - Clean linen is not stored in patient rooms or hallways.
 - Pillows should be treated like mattresses; wiped down and left in the room or bagged and returned to the clean linen area. **Never** place pillows in soiled linen bags.

Patient Care Equipment and Supplies

- Handle equipment soiled with blood, body fluids, secretions, and excretions in a manner that prevents skin and mucous membrane exposures, contamination of clothing, and transfer of pathogens to other patients or the environment.
- Clean, disinfect, and reprocess reusable equipment appropriately before use with another patient.
- Supplies in patient rooms
 - Disposable supplies taken into patient rooms are not used on other patients.
 - Disposable supplies taken into a patient's room are discarded when the package integrity is compromised, expiration date is reached, or at patient discharge.
 - Supplies from a patient room are not returned to the clean supply storage area.
 - Non-disposable supplies are cleaned and disinfected before being used with another patient.
- Reusable Patient Care Equipment
 - All reusable items such as but not limited to stethoscopes, blood pressure cuffs and/or machines, thermometers, IV poles, infusion pumps, wheel chairs, and patient transport carts used for a patient are cleaned and disinfected after use before using with another patient.
 - Apply hospital approved disinfectant spray to the entire item leaving item wet for at least three minutes (**it takes 3 minutes for the disinfectant to kill the pathogens**) before wiping dry or letting item air dry.
 - Use hospital approved disinfectant cloths to wipe the entire item. Repeat the wiping procedure as needed in order to keep the item wet for at least two minutes before wiping dry or letting the item air dry.
 - Once larger items such as infusion pumps are cleaned and disinfected, cover them with clean plastic to identify to others that the item is clean and ready for use.

Sharps

- Use these Standard Precaution guidelines when handling needles, scalpels, and other sharp instruments or devices.
 - Needles, cannulae and syringes:
 - are sterile,
 - single-use items;
 - they are **not** reused for another patient, or
 - to access a medication or solution that might be used for a subsequent patient.
 - Used or contaminated needles and other sharps:
 - are **not** bent, cut, recapped, sheared, broken, or removed by hand prior to disposal,
 - are placed as soon as possible after use in approved, puncture-resistant, leak proof sharps disposal containers,
 - are labeled with a universal biohazard sign or color-coded,
 - are readily accessible, and
 - are located in the immediate area in which sharps are used.
 - An outside company maintains Sharps Disposal Containers. No interventions are necessary by staff.
 - Use fluid infusion and administration sets (i.e., intravenous bags, tubing, and connectors) for one patient only and dispose appropriately after use.
 - Consider a syringe or needle/cannula contaminated once it has been used to enter or connect to a patient's intravenous infusion bag or administration set.
 - Use single-dose vials for parenteral medications whenever possible.
 - Do **not** administer medications from single-dose vials or ampules to multiple patients or combine leftover contents for later use.
 - If multidose vials must be used, both the needle or cannula and syringe used to access the multidose vial must be sterile.
 - Do **not** keep multidose vials in the immediate patient treatment area and
 - store in accordance with the manufacturer's recommendations;
 - discard if sterility is compromised or questionable.

Waste Disposal

- In order to minimize potential risks and ensure safe waste management, all types of medical waste must be clearly defined and separated.
 - Dispose of non- clinical/regulated/infectious waste (regular waste) in the regular waste container.
 - Dispose of clinical/regulated/infectious waste (OSHA waste) in the red bag/red waste container.
 - The red bags/red waste containers are approved as leak-proof, moisture impervious, sealed, and display the universal biohazard symbol with red bag liners.
 - Red bag/red container waste is expensive to dispose of and there are limited sites that accept this type of waste. Therefore, it is important to understand what must go in a red bag/red container and place all waste appropriately.
- Non-clinical/regulated/infectious waste (regular waste).

- is placed in no-touch waste containers (e.g., foot-pedal operated lid or open, plastic-lined waste basket).
- The following items are classified as regular waste (non-clinical/non-regulated/non-infectious waste) and therefore are disposed of in the regular trash (non-red bag):
 - Most dressings, band-aids, absorbent pads, diapers, under-pads, peri-pads.
- At a minimum, the following is classified as clinical/regulated/infectious waste:
 - liquid or semi-liquid blood or other potentially infectious materials (OPIM).
 - chest tube collection device or suction liner if filled with blood or OPIM.
 - if a solidifier is needed, insert into container before placing container into the infectious waste.
 - items saturated or dripping with large amounts of blood or OPIM and which would release these substances in a liquid or semi-liquid state if compressed.
 - dressings and absorbent pads that contain large amounts of blood and other OPIM.
 - items once saturated or dripping that are now caked with large amounts of dried blood or OPIM and are capable of releasing these materials during handling.
 - contaminated and uncontaminated sharps (needles, syringes, scalpel blades, lancets, etc.).
 - chemotherapy waste.
 - waste that has been intermingled with infectious waste.
- Precautions to take with all waste:
 - Never compress waste in a container with hands or feet
 - Never reach into a waste container to retrieve an item.
 - Never dispose of contaminated and uncontaminated sharps (needles, syringes, scalpel blades, lancets, etc.) in a non-sharps container.
 - Handle all waste bags and waste containers with gloves.
 - Wear a gown when handling a waste bag or waste container if there is the potential for leakage.
 - Clean and disinfect waste containers as needed using hospital approved disinfectant.

Transmission-Based Precautions Information

Transmission-Based Precautions are applied for certain patients when Standard-Based Precautions are not enough protection. Transmission-Based Precautions are identified and named based on the route of infection. The Transmission-Based Precautions are Airborne Precautions, Droplet Precautions, Contact Precautions, Enteric Precautions, and Neutropenic Precautions.

Airborne Precautions

- Prevent the spread of infectious dust particles or small-particle droplets that remain suspended in the air.
- Specific infectious conditions, which require a patient to be in Airborne Precautions, include
 - Chicken pox varicella.
 - Disseminated herpes zoster (shingles).
 - Rubeola measles.
 - Mycobacterium tuberculosis.

- Any Healthcare Worker (Including instructor/student) who enters a room with a patient in Airborne Precautions must wear a NIOSH/Porter approved respirator mask.
- In order to wear a NIOSH/Porter approved respirator mask, the HCW must be medically cleared, and fit tested annually.
- Due to the cost and time involved in the testing procedures and the small number of patients annually needing Airborne Precautions, **instructors and students will not be medically cleared or fit tested.**
 - **Instructors/students must not enter any room where a patient is in Airborne Precautions.**

Droplet Precautions

- Prevent the spread of infectious large-particle droplets that can be created by coughing, talking, sneezing, or certain medical procedures. Don a mask upon entering a Droplet Precautions room.

Contact Precautions

- Prevent the spread of an infectious disease by skin-to-skin contact or by contact with a contaminated object.
- Don gloves and gown before entering a Contact Precautions room.
- Don a mask via Standard Precautions when the patient is coughing, sneezing or a generating producing aerosolization is being conducted such as suctioning, bronchoscopy etc.
- Refer to the *Quick Reference Guide* located at each nurses' station for more specific information on managing MDROs and using Contact Precautions appropriately.

Enteric Precautions

- Prevent the spread of Clostridium difficile infection.
- Don gloves and gown before entering the Enteric Precautions room.
- Use antimicrobial soap and water for all hand hygiene events involving patients with Clostridium difficile infection and the patient's room or care area.

Other Precautions

- Special circumstances may require other precaution signs to be posted at a patient's room. Follow instructions on the precaution sign as indicated.

Managing Multidrug Resistant Organisms (MDROs)

- *All patients with Multi-Drug Resistant Organism (MDRO) INFECTION (defined as laboratory confirmed culture whereby bacteria is causing illness in the patient), or with MDRO COLONIZATION (defined as bacteria residing on/in the patient without causing any illness to that patient), are placed in the appropriate TRANSMISSION-BASED PRECAUTIONS.*
 - For MRSA, VRE, Multidrug Resistant (MDR) Acinetobacter, MDR Pseudomonas, Organisms producing Extended Spectrum Beta Lactamases (ESBL) and other MDR Gram Negative Organisms use Contact Precautions.

- Once patients are identified as having an infection or colonization with a MDRO they are always placed in Contact Precautions on admission as an inpatient or outpatient in a bed.
- For *Clostridium difficile* (C-diff) use Enteric Precautions.
 - Patients with a positive C-diff toxin result and diarrhea are placed in Enteric Precautions until their diarrhea ceases for at least 48 hours.
- All patients placed in Precautions for colonization, history, or current infection with a MDRO receives the *FAQs* handout on their specific MDRO from the nursing unit that places the patient in precautions..
- When a patient is admitted (as an inpatient, outpatient in a bed, or transfers to another bed) that has a MDRO Alert in the system a hard copy of the Alert prints on the nursing unit and in the Infection Control Department to identify the need for the patient to be placed in Contact Precautions.
- The MDRO Alert appears on the patient's Face Sheet to identify the need for the patient to be placed in Contact Precautions.
- If there is any question whether a patient needs to be placed in Precautions for a MDRO you may also call the Infection Control Department at extension 8373.

The Bloodborne / Airborne Exposure Control Plans

- Students, Vendors, and Contracted employees (designated as an OSHA Category 1 or 2), in a clinical/observational experience are at risk for exposure to potentially infectious equipment and/or materials including broken skin; mucous membranes; blood and other body fluids, secretions, or excretions.
- Porter's Bloodborne and Airborne Exposure Control Plans:
 - are located online on Porter's employee portal *The Pulse*, available on all computers in the hospital
 - select *Policies*
 - select *Infection Control(IC)*
 - all IC policies are available for you there
 - Refer to the exposure control plan for more information on engineering controls, work practice controls, and safe practices related to radiation and chemicals, and for any unit/department specific information.
 - If you have questions about accessing policies or either of the Exposure Control Plans
 - Ask one of the nurses on the unit
 - Ask the Unit Director
 - Call Infection Control at extension 8373
 - In the evening and on nights call the Administrative Supervisor at 8360.

Material Safety Data Sheets (MSDS) Manual

Refer to the Material Safety Data Sheets (MSDS) Manual that is available in every department for a list of any chemical agents used in that area and appropriate precautions to take when using the chemical agents.

- You may also access the MSDS database online through *The Pulse* on any

computer at Porter.

- Click *The Pulse* icon on the desktop
- On the right hand side of the home page, you will see a link called MSDS Online
- You may search for any chemical by product name

In the Event of Injury or Exposure

Emergent Care

- Students in a clinical/observational experience who are injured or exposed to potentially infectious equipment and/or materials including broken skin; mucous membranes; blood and other body fluids, secretions, or excretions will be offered the services of Porter's Emergency Department.
 - However, all charges incurred, will be the responsibility of the individual who sustained the injury/exposure.

Documentation of Injury or Exposure

- Report injury/exposure to the Instructor and the Department Director for the area where the exposure occurred immediately.
 - The Event Report Form will be completed by students in a clinical/observational experience who are injured or exposed to potentially infectious equipment and/or materials including broken skin; mucous membranes; blood and other body fluids, secretions, or excretions.
 - This form is to be completed at the time of the occurrence and sent to the Human Resources Department within 24 hours of the occurrence.
 - The form is for documentation purposes only and in no way implies payment of any incurred medical/treatment costs or eligibility for compensation benefits.

Safety & Security

- Do not leave any personal items in any classroom or conference room. Other people will be using the rooms during the day, evening, and midnight shifts.
- Do not bring cash or other valuables to clinical, including purses and/or wallets.
 - Wear pants or skirts with pockets to hold driver's license, keys, and a few dollars.
 - Students will not always have a locker. If lockers are available, students should bring their own lock.
- Students, who must return to their vehicle by themselves, especially at night, may call security and an officer will escort them. You may need to wait until the Security Officer is free.

Cafeteria

- Any instructor/student may use the Porter Valparaiso Hospital Campus or Porter Portage Hospital Campus cafeteria for meals or breaks while in the hospitals for clinicals.

- **In order to receive discount pricing, be sure to wear your student identification badge and remind the cashier that you are here for a clinical experience.** Discounts may change or be discontinued at any time.

Telephone System

Porter Valparaiso Hospital Campus

- Internal phone numbers are dialed using the 4-digit extension number.
- External local phone numbers & long distance calls require dialing "9" first, then the number.
- Patients who need to make a long distance phone call must use a telephone calling card or credit card (see instructions on the phone or contact the switchboard operator for help, by dialing "0").
- If you need to place an international long distance phone call pertaining to your patient's care, these need to be made through the switchboard with approval from the Charge RN or the House Supervisor.
- Personal cell phone usage should be done outside of patient care areas (break room, cafeteria, lobby, etc.) and only while on lunch or break.

Important Numbers to Know (numbers are changing, but will automatically be forwarded to the new number)

<u>Department</u>	<u>Internal Number</u>	<u>External Number</u>
Porter Main #	8300	983-8300
Safety & Security	8376	983-8376
Help Desk	8998	983-8998
Maintenance Requests	8899	983-8899
Case Management	8372	983-8372
Infection Control Department	8373	983-8373

Locked Departments

Some departments such as Labor/Delivery, Mother/Baby, and NICU are locked for patient safety reasons. Porter Associates working in those departments have special security badges that allow them access. Everyone else who needs to enter the department must either ring a bell or call on a phone located outside the entrance to the department. **Please gather all students before requesting entry so staff does not have to take valuable time from patient care to keep opening the doors.**